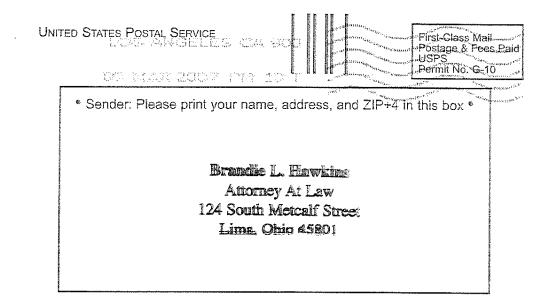
102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature Agent Addresse  B. Received by Printed Name)  C. Date of Deliver
1. Article Addressed to:  Dami an Cross  axa Damian I. Cross  Los 65 Sunset Boule vard	D. Is delivery address different from item 1? □ Yes     If YES, enter delivery address below: □ No
Suite 400 Los Angeles, CA 90078	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2: Article Number (Transfer from service label)	0750 0002 5007 7565
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-154

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